

# **APPLICATION FOR CONTRACTOR REGISTRATION**

## **INSTRUCTIONS**

**The following application consists of this instruction page and two pages that require responses. Please complete the entire application by providing all of the requested information. Your signature must be notarized and the appropriate fees must be attached. Be sure to attach any requested supplemental information. Submit the completed form to the address noted below. The Board will consider only properly completed applications.**

Please read all questions carefully. Some questions may require additional documentation. Your application will not be processed until the Bureau receives all of the required documentation. You are responsible to order documentation that must be received directly from third parties and to instruct the third party to send the documents directly to the Board office at the address below (NOTE: You MUST attach applicable insurance certificates to the application). If you are unable to provide any of the required documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. All requested information and the application fee must be provided. Failure to provide a complete application will result in a delay in your registration.

**APPLICATION FEE (includes original Registration)    \$30.00**  
**Make checks payable to IBOL**

If you are currently licensed as a public works contractor or a construction manager and are registering to engage in construction or contracting activities other than public works, you are exempt from paying this fee.

If you are applying for the registration of a contracting business entity, you must attach a separate sheet containing the name and address of each principal, member, partner, shareholder, or any other person claiming an ownership interest in the business entity for which registration is being requested.

If you are registering as an individual person, your first registration will expire on your next birthday plus 12 months and must be renewed to allow continued practice. If you are registering a business entity, the original registration will expire 12 months from the anniversary date of issue. A renewal notice will be sent approximately 6 weeks prior to the expiration date to the mailing address you provide. Failure to notify the Bureau in writing of any change of name or address may result in you not receiving renewal forms or other correspondence.

More information about the application process is available online at [www.ibol.idaho.gov/cont.htm](http://www.ibol.idaho.gov/cont.htm)

Questions regarding this application or the requirements for licensure may be addressed to:

**IDAHO CONTRACTORS BOARD**  
**BUREAU OF OCCUPATIONAL LICENSES**  
**1109 Main Street, Suite 220**  
**Boise, Idaho 83702-5642**  
**E-mail - [con@ibol.idaho.gov](mailto:con@ibol.idaho.gov)**  
**Web site – [www.ibol.idaho.gov/cont.htm](http://www.ibol.idaho.gov/cont.htm)**

**STATE OF IDAHO**  
**BUREAU OF OCCUPATIONAL LICENSES**  
**1109 Main Street, Suite 220**  
**Boise, Idaho 83702-5642**

**APPLICATION FOR CONTRACTOR REGISTRATION**

I hereby make application for registration as a contractor in Idaho under the provisions of Title 54, Chapter 52, Idaho Code:

**1. Name of Business** \_\_\_\_\_

Print the name under which business is conducted OR print your name and DBA if you are registering as an individual. The registration will be issued bearing the information listed above.

**2. Business Address** \_\_\_\_\_

(This is your Address of Record and is public record)      Street      City      State      Zip

**3. Mailing Address** \_\_\_\_\_

(This address is not public record)      Street/PO Box      City      State      Zip

**4. Business phone** \_(\_\_\_\_)\_\_\_\_\_ **E-mail** \_\_\_\_\_

**5. Type of Organization (Please complete one of the following)**

**A. Individual Proprietorship:**      **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(includes DBAs)      mm      dd      yyyy      § 73-122, I. C. requires all applicants to provide a SS number

**B. Partnership:**      **Federal Tax Identification Number.** \_\_\_\_\_

(If you are registering as a partnership, you MUST PROVIDE below or attach a complete list of the partners below and their Social Security Numbers.)

\_\_\_\_\_  
Name      Street/PO Box      City      State      Zip      SS#

\_\_\_\_\_  
Name      Street/PO Box      City      State      Zip      SS#

\_\_\_\_\_  
Name      Street/PO Box      City      State      Zip      SS#

\_\_\_\_\_  
Name      Street/PO Box      City      State      Zip      SS#

**C. Corporation, LLC, LLP:**      **Federal Tax Identification Number.** \_\_\_\_\_

(If you are registering as a corporation, LLC, or LLP you MUST PROVIDE below or attach a complete list, including the full name and address of each shareholder, member, partner or owner in the business named. If a public corporation, list the principal officers.)

\_\_\_\_\_  
Name      Street/PO Box      City      State      Zip

\_\_\_\_\_  
Name      Street/PO Box      City      State      Zip

\_\_\_\_\_  
Name      Street/PO Box      City      State      Zip

\_\_\_\_\_  
Name      Street/PO Box      City      State      Zip

**6. Are you currently licensed as a public works contractor or a construction manager?**      [ ]Yes      [ ]No

If Yes, please attach a copy of your license and enter your license number and state of licensure here - \_\_\_\_\_

**7. What is your Primary Type of construction (Ref #)** \_\_\_\_\_ (see attached list and choose 1 type only.)

(Continued on next page)

**APPLICATION FOR CONTRACTOR REGISTRATION**  
**(continued)**

**8. You must hold Worker's Compensation Insurance or provide a statement as to why such coverage is not required.** You must attach the certificate and enter the name of the insurance provider company, the certificate number, and the policy effective date.

Insurance Company	Certificate or Policy #	Effective date
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**OR**

Provide a statement as to why such coverage is not required under the laws governing Worker's Compensation. (72-101 – 230, I.C.)

**9. You must hold a general liability insurance policy, of not less than \$300,000 single limit.** You must attach the certificate and enter the name of the insurance provider company, the certificate number, and the policy effective date.

		/ /
Insurance Company	Certificate or Policy #	Effective date

**10. Have you or any other owner referenced by this application ever been licensed or registered as a contractor in any jurisdiction (any city, county, state or federal entity)?** ☐ Yes ☐ No  
(If Yes, specify which jurisdictions below.)

**11. Have you or any other owner referenced by this application ever had a contractor license or registration revoked, suspended or otherwise sanctioned?** ☐ Yes ☐ No  
(If Yes, a copy of the charges and final order must be received by the Board directly from each issuing authority.)

**12. Have you or any other owner referenced by this application ever received a conviction, finding of guilt, withheld judgment, or suspended sentence for any felony in this or any other jurisdiction?** ☐ Yes ☐ No  
(If Yes, please attach a detailed statement, & official court documents that include a summary of the charges, the final order, any probation or parole documentation, and any other relevant information.)

# AFFIDAVIT

I hereby certify under penalty of perjury that the information provided above is true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing Contractors, and that I will maintain in effect the required Worker's Compensation Insurance and general liability insurance. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, report, record, statement, recommendation, or evidence that may have bearing on my eligibility for or maintenance of the registration for which I am applying. I also hereby authorize the Bureau to release the information provided on this application about me that may otherwise be protected or confidential to other governmental agencies upon request.

Print Owner or Authorized Agent Name \_\_\_\_\_ Signature of Owner or Authorized Agent \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_, ss  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(seal)

Notary Public official signature  
my commission expires \_\_\_\_\_

**Complete applications are a #1 priority.**  
**DID YOU REMEMBER TO:**

1. **Print the Registrant's name & address**
2. **Answer ALL of the Questions**
3. **ATTACH both General Liability & Workman's Compensation Insurance Certificates**
4. **Sign & have the application notarized**
5. **Attach the fee**

**\*\*\*PLEASE DO NOT CALL THE BUREAU REGARDING YOUR APPLICATION STATUS\*\*\***

# LIST OF IDAHO CONTRACTING TYPES

REF #	TYPE
001	GENERAL COMMERCIAL
002	GENERAL RESIDENTIAL
003	GENERAL REMODEL
004	SUPPLIER
SUBCONTRACTOR TYPES:	
010	DEMOLITION / ABATEMENT / MITIGATION
020	EXCAVATION / TRENCHING / SITE PREP
030	SEPTIC SYSTEMS
040	WATER WELL SYSTEMS
050	ROADS / DRIVEWAYS
060	FOOTINGS / FOUNDATION
070	WATERPROOFING
080	CONCRETE FLATWORK
090	FRAMING LABOR & ROUGH CARPENTRY
100	STRUCTURAL STEEL / METAL STUDS
110	ROOFING
120	HVAC
130	PLUMBING
140	ALARM / AV / DATA SYSTEMS
150	ELECTRICAL
160	INSULATION
170	DOORS / WINDOWS
180	DRYWALL / PLASTER
190	PAINTING / WALL COVERINGS
200	WALLPAPERING
210	CABINETS / COUNTERTOPS
220	FINISH LABOR
230	FINISH HARDWARE / MIRRORS / ENCLOSURES
240	STAIRWAY SYSTEMS
250	CLOSET SYSTEMS
260	ACOUSTICAL CEILINGS
270	FINISH FLOORING INSTALLATION
280	FIREPLACES / WOODSTOVES
290	ELEVATORS / DUMB WAITERS
300	FIRE PROTECTION SYSTEMS
310	APPLIANCE INSTALLATION
315	CLEANING SERVICES
320	SIDING / SOFFITS / FACIAS
330	GUTTERS
340	STUCCO / MASONRY
350	DECKS
360	ORNAMENTAL IRON / RAILINGS
370	CARPORTS
380	ASPHALT PAVING
390	FENCING / GATES / BARRIERS / ENCLOSURES
400	LANDSCAPING / SPRINKLERS
410	POOLS / SPAS
420	TANKS / CONTAINERS
430	SIGNAGE
440	LOG STRUCTURES
450	PRE-ENGINEERED STRUCTURES
600	OTHER